

**Office of the Inspector General for Mental Health,
Mental Retardation and Substance Abuse Services**

**Hiram W. Davis Medical Center
Petersburg, Virginia
Snapshot Inspection**

James W. Stewart, III / Inspector General

OIG Report #143- 07

The Office of the Inspector General conducted a snapshot inspection at Hiram W. Davis Medical Center (HWDMC) on June 27, 2007. The purpose of the inspection was to follow-up on outstanding findings from earlier inspections and to assess progress toward OIG recommendations. Review activities included:

- Interviews with 7 members of the administrative staff
- Interviews with 9 members of the direct care staff
- Review of data related to facility utilization and to outstanding OIG findings
- A tour of the facility

Hiram W. Davis Medical Center (HWDMC) is the only state-operated freestanding medical center. The facility provides skilled, intermediate and acute care services. The majority of individuals served are in need of very intensive nursing services. Those served who receive more acute services are typically individuals stable enough to be discharged from an acute medical hospital but still have needs that are too intensive to be returned to regular care on either the psychiatric or training center residential units.

SECTION I - FACILITY UTILIZATION

Admissions to the facility dropped significantly in FY2007 after a gradual increase for the previous three years.

- Comparing the FY07 admissions of 108 to the average admissions in the previous three years (155), there was a drop of 30 percent in FY07.
- With the exception of CSH and SVTC that share the same campus with HWDMC, few referrals were admitted from any other single facility during FY07
 - 6 admissions from 1 facility
 - 2 admissions from 1 facilities
 - 1 admission from 8 facilities

- Admissions from CSH have decreased steadily over the past four fiscal years from 68 in FY04 to 44 FY07. The decrease each year was 11.8 percent in FY05, 13.3 percent in FY06, and 15.4 percent in FY07.
- Admissions to HWDMC from SVTC dropped 51.5 percent between FY06 (99) and FY07 (48) after increasing steadily the three previous years from 61 in FY04 to 99 in FY06.
- The number of facilities from which individuals were admitted to HWDMC in FY07 remained the same as FY06 – 12 facilities.
- Fifty-three percent of the admissions to HWCDC over the past three fiscal years (FY04 through FY06) were from training centers (247) and 47 percent from mental health facilities (219). In FY07, 48 percent (52) were from training centers and 52 percent (56) were from mental health facilities.
- The majority of admissions continue to be readmissions – 65 percent in FY04, 74 percent in FY05, 72 percent in FY06, and 60 percent in FY07.

STATE FACILITIES ADMITTING TO HWDMC / FY04 THROUGH FY07

FACILITIES	FY04	FY05	FY06	FY07	TOTAL
CAT	0	0	1	1	2
CSH	68	60	52	44	224
CVTC	2	0	1	1	4
NVMHI	4	5	3	1	13
NVTC	0	0	2	1	3
PGH	8	7	2	6	23
SEVTC	3	1	3	2	9
SVMHI	0	1	1	1	3
SVTC	61	75	99	48	283
SWVMHI	0	0	1	1	2
VCBR	1	0	1	0	2
WSH	1	2	1	1	5
VCU	0	0	0	1	1
TOTAL	148	151	167	108	466

The majority of persons admitted are discharged back to their originating facilities.

- Ninety-eight percent (146) of persons admitted in FY04 were discharged; 91 percent (138) in FY05; 90 percent (151) in FY06; and 99 percent in FY07.
- The number of deaths has been fairly consistent for the past four years, with the exception of FY06 which was slightly higher: 11 in FY04, 10 in FY05, 18 in FY06, and 14 in FY07.
- The average daily census has decreased during the past four fiscal years.
 - FY04 – ADC was 70.
 - FY05 – ADC was 68.
 - FY06 – ADC was 63.
 - FY07 – ADC was 58.
- The census on the date of the inspection was 53.

**The Average Daily Census (ADC) and Average Length of Stay (LOS)*
for Fiscal Years 2004 through 2007**

	FY04		FY05		FY06		FY07	
	ADC	LOS	ADC	LOS	ADC	LOS	ADC	LOS
Medical Care	2	10	3	12	2	7	.40	8
Intermediate	9	674	7	334	7	39	8	270
Skilled Nursing	59	249	58	197	54	223	50	124

- The length of stay is calculated by dividing the total number of patient days by the number of discharges.

SECTION II – STATUS OF PREVIOUS ACTIVE FINDINGS

OIG FOLLOW-UP OIG Report #143-07	
<p>OIG Report #132-06 - Finding #5: The facility’s mission does not reflect the current DMHMRSAS emphasize on increasing community integration and other recovery-oriented principles.</p> <p>Recommendation: It is recommended that HWDMC review its mission and organizational value statements and make changes needed to assure consistency with the system-wide vision statement adopted by DMHMRSAS that calls for a system guided by the principles of self-determination and recovery.</p>	
<p>DMHMRSAS Response: The Hiram Davis leadership team (Performance Improvement Steering Council) has been drafting and revising the facility’s Mission, Vision and Values. The Department’s principles of recovery, resilience, and self-determination will be included in the medical center’s documents by February 1, 2007. Upon completion, the new HDMC Mission, Vision and Values statements will be presented to, and discussed with, all staff. Staff will document attendance and receipt of copy on a sign-in sheet. Completion of the educational component is anticipated by April 1, 2007. Ten percent random interviews of all staff will be done on a quarterly basis. Documentation will be maintained as part of the Quality Assurance system. Interviews are to be completed prior to Quarterly Quality Assurance meetings.</p>	
Recommendation 5: Key Elements	Assessment of Progress – Summer 2007
<p>A. Review mission and organizational value statements and make changes to assure consistency with DMHMRSAS vision statement.</p>	<p><i>HWDMC utilized a very participatory process to revise mission, vision and value statement. This statement, which was adopted in December 2006, is consistent with the DMHMRSAS vision statement. The facility mission statement is as follows:</i></p> <p>To deliver, or facilitate delivery of, quality medical, dental, skilled nursing and rehabilitative care to persons served by Virginia’s public MH/MR/SA services system... and...to ensure that each recipient of that care, or their authorized representative, is encouraged and assisted to participate fully in treatment planning and decision making so that the most favorable outcome possible may be achieved.</p>

B. Present and discuss statements with all staff.	<p><i>Interviews with direct services staff revealed that staff were involved with the process of developing and learning the new statements in the following ways:</i></p> <ul style="list-style-type: none"> • <i>A forum was held to provide an opportunity for staff to make input.</i> • <i>Specific training events were held.</i> • <i>Statements are posted and included in the nursing book for easy access.</i> • <i>Mission and values were discussed in team meetings and with supervisor.</i> • <i>Part-time staff was informed by email.</i>
C. Interview staff to assure knowledge of statements.	<p><i>Supervisors spot check staff to assure knowledge of statements.</i></p> <p><i>Interviews with direct care staff revealed greater familiarity with the facility's values than with the mission and vision.</i></p>
Recommendation Status	<i>Further Action Required</i>
INACTIVE	<i>None at this time.</i>